

**In House
Archived Case Retrieval Form**

DEBTOR: _____
(Last Name) (First Name)

CASE #: _____

DATE CLOSED: _____

REQUESTOR'S NAME: _____

ADDRESS: _____

(City) (State) (Zip Code)

TELEPHONE: (_____) _____
Area Code

ADDITIONAL INFORMATION

FOR OFFICE USE ONLY

Record Group No.

Accession No.

Location No.

Box No.

RETRIEVAL FEE: \$45.00

REC. # _____

BY: DEPUTY CLERK _____

DATE: _____